

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT											
A. Agency code and subbasement, and office number (xx-xx-xxxx)			B. Standard document number (Org identifier, FY, Doc. type code, Serial number)			C. Request Status or Process Code (X one) <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">X (1) initial</div> <div style="text-align: center;">(2) Resubmission</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">(3) Correction</div> <div style="text-align: center;">(4) Cancellation</div> </div>			D. Amendment No.		
Section A - TRAINEE / APPLICANT INFORMATION											
1. NAME (Last, First, Middle Initial)			2. 1 st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">a. Years</div> <div style="text-align: center;">b. Months</div> </div>	
6. Home Address (Street, City, State and ZIP Code)(optional)			7. Phone Numbers (Include area code) a. Home b. Office		8. Position Title						
11. Organization Name			(1) Commercial (2) Autovon		9. Position Level (X one) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)			10. Pay Plan / Series / Grade / Step		14. Type of	
12. Organization Mailing Address (Include ZIP)			1. Organization UIC		16. Are you Handicapped Yes No			15. No. prior non-govern-			
Section B - TRAINING COURSE DATA											
17. Course Titles											
18. Training Objectives (Benefits to be derived by the Government)						19. Recommended Training Source, School or Facility a. Name b. Mailing address (Include ZIP) c. Location of training site (If other than 19b)					
20. Course Codes a. Purpose b. Type c. Source d. Special Interest e. Training Vender						21. Course hours (4 digits) a. Duty b. Non-duty c. Complete					
f. Security Clearance g. Allocation Status h. Priority i. Training Level j. Method of Training						k. Training Program l. Reason for Selection 23. Training Period (YYMMDD) a. Start b. Complete					
22. Course Identifiers a. SAID b. Catalog / Course No. c. Offering / TLN											
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)											
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box											
25. Direct Costs a. Tuition cost b. Books, ,material, other costs c. Total direct costs d. Funding source				26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs 28. Labor Costs				27. Accounting Classification			
31. Job Order No.				29. Signature of Fiscal Officer (Follow local procedure)				30. Total of Direct & Indirect Costs			
Section D - APPROVAL / CONCURRENCE / CERTIFICATION											
32. Supervisor: I certify training is job related and nominee meets prerequisites (If not attach waiver)						33. Training Officer: I certify this training meets regulatory requirements.					
a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)			a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)		
c. Signature & Title				d. Date		c. Signature & Title				d. Date	
34. Authorizing Official a. Action (X one) (1) Approved (2) Disapproved b. Typed Name (Last, First, Middle Initial) c. Phone number (Include area code) d. Signature & Title e. Date						35. Course Acceptance (To be completed by school official) a. Accepted b. Not Accepted c. School Official Signature d. Date					
36. Course Completion (To be completed by school official) a. If course was not completed, X this box leave this section blank, and return this form with an explanation memo d. Signature & Title e. Date						b. Actual Completion Date (YYMMDD) c. Grade					
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to: % days.)						38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number					
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.											